



Application No. _____

King County
Department of Development and
Environmental Services
900 Oakesdale Avenue Southwest
Renton, WA 98055-1219

CERTIFICATION OF APPLICANT STATUS

I, _____ (*print name*) hereby certify that I am an/the owner of the property which is the subject of this application for permit or approval. If I am not the sole owner of the property, I certify that I am authorized to apply for this permit or approval by any and all the owners of the property. My address is: _____

I further certify that I am the “applicant” for this permit approval. I shall remain the “applicant” for the duration of this permit or approval unless I transfer my “applicant” status in writing on a form provided by this department.

OR

I, _____, hereby certify that I am an authorized agent of _____, a corporation or other business association authorized to do business in the State of Washington that is an/the owner of this property which is subject of this application for permit or approval. If this business association is not the sole owner of the property, I certify that this business association is authorized go apply for this permit or approval by any and all owners of this property. The address of this business association is: _____

I further certify that the above named business association is the “applicant” for this permit or approval. The association shall remain the “applicant” for the duration of this permit or approval unless it transfers its “applicant” status in writing on a form provided by this department.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of applicant

Date signed

NOTICE TO APPLICANTS: By law, this department returns all engineering and other plans to the applicant. If, however, you wish to authorize the department to return engineering and other plans directly to the engineer, architect, or other consultant for the limited purpose of making corrections, please designate below:

I authorize this department to return plans directly to my consultant(s) for the limited purpose of making corrections, as designated on the back of this form.

AUTHORIZED CONSULTANTS:

Signature of applicant

Date signed